

**COUNTY OF LOS ANGELES**

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**DEPARTMENT OF MENTAL HEALTH**

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March 7, 2011

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.  
Director of Mental Health

A handwritten signature in black ink that reads "MJ Southard".

SUBJECT: **RESPONSE TO BOARD ORDER OF MARCH 1, 2011 TO PREPARE A DETAILED REPORT ON THE MANAGEMENT OF MENTAL HEALTH SERVICES ACT FUNDS, EXPENDITURES, AND UNSPENT FUNDS FOR TRANSITION AGE YOUTH SINCE THEIR INCEPTION**

On March 1, 2011, Mayor Antonovich requested the Director of Mental Health to provide a detailed report on the management of Mental Health Services Act (MHSA) funds for Transition Age Youth (TAY) from program inception. This memorandum will provide you with the status of the Los Angeles County Department of Mental Health (LACDMH) MHSA TAY allocation, expenditures, unspent funding, and contribution to the Prudent Reserve (PR) as of this date.

**Overview**

In Fiscal Year (FY) 2005-06 LACDMH began receiving MHSA funding from the State to develop and implement various State-approved recovery-focused mental health services and supports programs. These programs target consumers in four distinct age groups: children, TAY, adults, and older adults. In addition, certain cross-cutting LACDMH MHSA programs serve individuals across all age groups on a countywide basis. For TAY, who are between the ages of 16 and 25, several distinct programs were developed under two MHSA State Plans: Community Services and Supports (CSS) and Prevention and Early Intervention (PEI). The programs and the applicable funding are detailed below. In addition, the allocation of funding from the MHSA Housing program is detailed in the information that follows.

**Community Services and Supports (CSS)**

CSS programs primarily target youth identified as having a serious emotional disturbance who have moderate to intensive mental health service needs. A list and description of MHSA programs for TAY can be found in Attachment 1. Cumulative CSS allocations, expenditures, prudent reserve contributions and unspent funds for TAY programs through FY 2009-10 are as follows:

Each Supervisor  
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Program	Allocation	Expenditure	Prudent Reserve	Unspent
Full Service Partnership (FSP)	\$43,942,642	\$30,135,224	\$9,796,783	\$4,010,635
Drop-In Centers	2,064,804	1,193,310	912,984	(41,490)
Housing Programs	6,755,133	3,151,429	3,137,530	466,174
• Emergency Shelter				
• Housing Specialists				
• Operating Subsidies				
Probation Camps	12,311,675	5,932,071	5,150,302	1,229,302
TAY Navigation	9,259,784	10,041,569	897,583	(1,679,368)
Field-Capable Clinical Services (FCCS)	973,341	3,517,953		(2,544,612)
<b>Total</b>	<b>\$75,307,379</b>	<b>\$53,971,556</b>	<b>\$19,895,182</b>	<b>\$1,440,641</b>

Unlike other age groups, TAY are also served by adult and children's providers when it is developmentally appropriate to do so. The non-TAY MHSA programs that served youth and the net MHSA expenditures for TAY include:

- |                                     |                      |
|-------------------------------------|----------------------|
| 1. <u>Adult System of Care</u>      | \$ 5,666,590         |
| • Adult FSP                         |                      |
| • Adult FCCS                        |                      |
| • Jail-Transition/Linkage           |                      |
| • Family-Focused Wellness Services  |                      |
| 2. <u>Cross-Cutting Services</u>    | \$ 4,329,108         |
| • Alternative Crisis Services       |                      |
| • I.M.D. Step-Down                  |                      |
| 3. <u>Children's System of Care</u> | \$ 1,688,550         |
| • Child FSP                         |                      |
| • Child FCCS                        |                      |
| • Family Support Services           |                      |
| 4. <u>Countywide Programs</u>       | \$ 29,682            |
| • Outreach and Engagement           |                      |
| <b>Total:</b>                       | <b>\$ 11,713,930</b> |

### **MHSA Housing Program**

Through the MHSA Housing Program, Los Angeles County has made an investment of over \$110 million in the development of permanent affordable housing for clients with mental illness. A number of projects focused specifically on TAY are being established with this funding. Additional housing programs will address the needs of multiple age groups, including youth. A pie chart, summarizing funding for housing for each age group can be found in Attachment 2.

### **Prevention and Early Intervention (PEI)**

The intent of PEI is to identify youth who do not have a formal diagnosis of serious emotional disturbance, but who are experiencing mental health problems that may be ameliorated if caught early. LACDMH received State approval of our PEI plan in FY 2008-09. Cumulative PEI allocations, expenditures, prudent reserve contributions and unspent funds for TAY programs through FY 2009-10 are as follows:

Program	Allocation	Expenditure	Prudent Reserve	Unspent
PEI	\$45,674,250	\$3,971,003	\$7,678,531	\$34,024,716

Similar to CSS, TAY are also served by children's providers and adult providers when it is developmentally appropriate to do so. Therefore, a complete picture of the MHSA contribution to TAY must include these PEI-Plan funded services as reflected below. A description of these services is included in Attachment 1:

1. PEI Early Start – School Violence Prevention Initiative	\$ 760,221
2. PEI Suicide Prevention	16,344
3. PEI Child	18,285
4. PEI TAY	120,072
5. PEI Trauma Recovery Services	561,342
Total:	<u>\$1,476,264</u>

### **Management of the Prudent Reserve (PR)**

Welfare and Institutions Code (WIC) Section 5847(b)(7) requires counties to establish and maintain a PR to ensure continuity of client care should MHSA revenues drop. The State has established policies and procedures for counties to access their PR funding. Questions related to the use of the PR are outlined with answers below.

#### **1. What are the State requirements related to use of the prudent reserve?**

**Step One:** Accessing the MHSA Prudent Reserve fund requires the State Department of Mental Health (SDMH) to determine that a threshold has been met due to deteriorating economic factors.

**Step Two:** Access to the Prudent Reserve is determined on a statewide level. Counties submit a Plan or an update to access all or part of the funds set aside in their Prudent Reserve

**Step Three:** The County's plan to use PR funds to support PEI activities requires stakeholder review and approval. This may include decisions on the use of funds, the amount of funding allocated per age group, and other decisions as per the initial PEI Plan. The California Code of Regulations (CCR) Section 3300 requires a Community Planning Process including local stakeholder review, a 30-day Public Posting, and a formal Public Hearing to take place prior to the initial submission of an MHSA Plan or Annual Update. Requests must be reviewed and approved by the Mental Health Services Oversight and Accountability Commission.

**2. *Who decides how the funding is used once it is pulled out?***

The PR is funded by unspent dollars. The dollars from the PR are to be available to the programs and services whose funding was used for the reserve and in accordance with what was allocated in the most recent State approved MHSA plan.

**3. *Is there a requirement regarding the proportional use of the PR for various age groups?***

For CSS programs, the age group requirement is based on the plan approved by stakeholders and the State. Departures from the approved plan require a plan amendment that involves public comment, public hearings, and State DMH approval.

### **Funding Sources for DMH PR**

DMH has funded its PR, as required, with unspent MHSA funding. The specific sources of this unspent funding by age group and county-wide programs are summarized in Attachments 3 and 3A. The contribution of adult CSS funds is proportionally smaller than other age groups as unspent CSS dollars were utilized for the significant transformation of adult programs in FY 2008-09 as a result of realignment shortfall. During that year a policy decision was made to avoid curtailment of children's and TAY programs in recognition of the higher revenue leveraged by realignment for those populations.

The Los Angeles County MHSA plan maintains, as a primary focus, the development of a broad range of services to Transition Age Youth. For questions related to these services, please feel free to contact me, or you may contact Robin Kay, Ph.D., Chief Deputy Director, at (213) 738-4108.

MJS:tld

Attachments

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
MENTAL HEALTH SERVICES ACT PROGRAMS**

The table below provides a brief description of MHSA funded programs accessed by TAY under the Community Services and Supports Plan (CSS), and Prevention and Early Intervention (PEI) Plans.

PROGRAM	DESCRIPTION OF SERVICES
<b>Full Service Partnership (FSP)</b>	Intensive mental health services and supports program in which consumers receive a wide array of services and 24/7 supports under a "whatever it takes" philosophy to assist them in achieving their recovery goals. Services may include but are not limited to assessment, psychotherapy, medication, case management, transportation, educational and housing assistance as well as benefits establishment.
<b>Drop-In Centers</b>	These centers provide "low-demand" "high-tolerance" settings in which SED TAY who are homeless or at imminent risk of homelessness can receive basic services and supports such as meals, hygiene facilities, referrals and linkages. MHSA funds are used to increase access by extending the hours of operation of these centers to include evenings and weekends.
<b>Housing Programs</b>	There are three TAY specific housing investments using MHSA funding; 1) Emergency Shelters – DMH has 5 shelters with a total of 66-beds that provide TAY specific shelter services for 18 – 25 year olds. TAY receive enhanced services including referrals and linkages to needed mental health services. 2) Housing Specialists – DMH has nine TAY Division staff who provide direct housing assistance services to SED TAY; services include assistance with benefits establishment, housing searches, intervening with property managers, and working with TAY to maintain in their existing housing. 3) Project-Based Operating Subsidies – MHSA funds are designated for the purpose of subsidizing permanent housing units for TAY. These funds are highly leveraged with other non-DMH housing development funds. Currently 7-units are being subsidized; and more units (approximately 65) will be ready of occupancy in the current year and going forward.
<b>Probation Camps</b>	This program provides a full complement of mental health professionals (Clinicians, Psychologists, Psychiatrists, Substance Abuse Counselors, and Nurses) and support staff in the Los Angeles County Probation Camps. DMH directly-operated staff, DHS Nurses, and DMH contract agency staff deliver services through this program.
<b>TAY Navigation</b>	A team of 17 primarily field-based clinicians provide outreach/engagement, screening, brief assessment, and linkage services to SED TAY. Five TAY Navigators are specifically designated to deliver navigation services in the Probation Camps.
<b>Field-Capable Clinical Services</b>	This is a less-intensive service than FSP in that FCCS target individuals that may be reluctant to receive mental health services in clinic settings; those who may be transitioning from higher or lower mental health services levels. Individuals may be seen in their homes or in other non-mental health branded settings. The full array of services are provided including clinical, psychiatry, and case management.

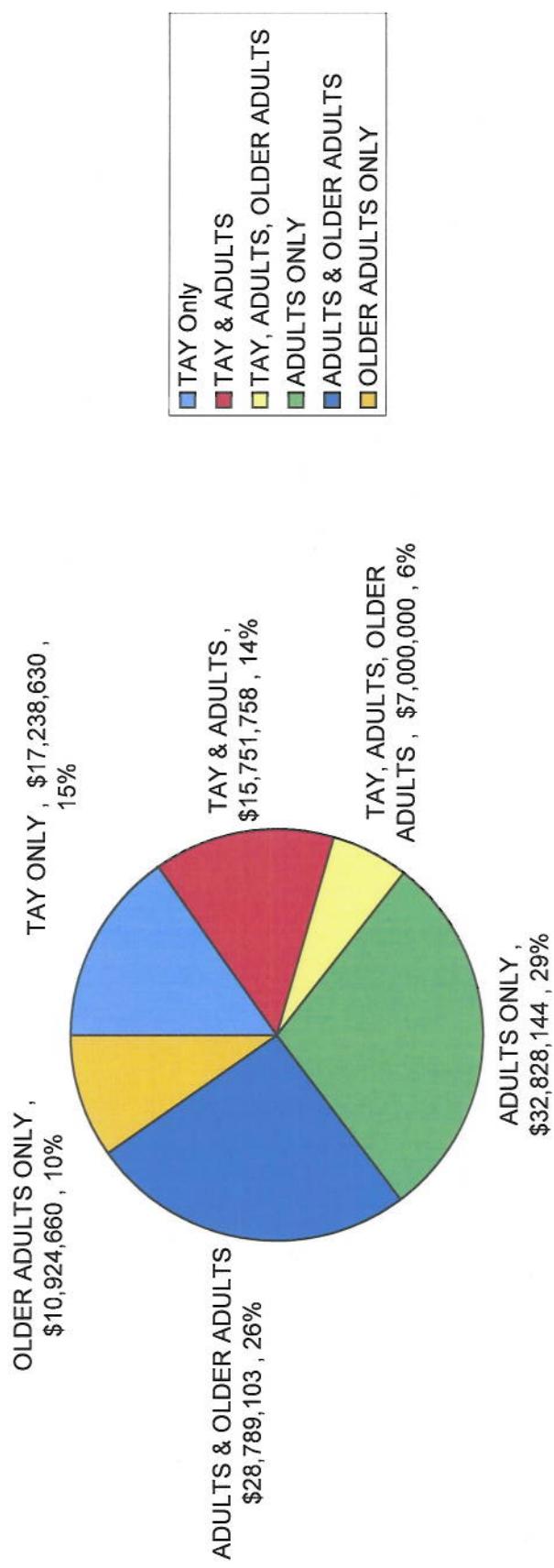
<b>Jail-Transition Linkage</b>	Jail transition and linkage services are designed to outreach and engage individuals involved in the criminal justice system and receiving services from jail or jail-related services and successfully link them to community-based services upon their release from jail. The program addresses the needs of individuals involved with criminal justice system by providing assessment, outreach support, advocacy, linkage and interagency collaboration while they are in jail and also includes services for clients recently released from jail at the Women's Community Reintegration Program upon their release from jail.
<b>Wellness Centers</b>	Clients served in family focused Wellness centers are clients of all ages that receive integrated care to promote wellness, recovery, and resiliency. Clients served in wellness centers are in advanced stages of recovery, likely have transitioned from a higher level of service.
<b>Wellness/Family Focused</b>	Family Focused: Family focused and culturally responsive interventions that promote wellness, recovery, resiliency provided by interdisciplinary treatment teams that integrate children and adult clinicians. Membership of the teams may also include expertise in the provision of services for child, adolescents, TAY, adults older adults, housing, education, vocation and spiritual growth and development. A full range of outpatient mental health interventions, including field-based services, will be provided as well as collaboration FSP program.
<b>Alternative Crisis Services</b>	Residential and Bridging involves psychiatric social workers and peer advocates assisting in the coordination of psychiatric services and supports for TAY, adults and older adults with complicated psychiatric and medical needs. These clients are discharged from County hospital psychiatric emergency services and inpatient units, IMDs, IMD Step-down Facilities, crisis residential, and intensive residential programs. The program ensures linkage to appropriate levels and types of mental health and supportive services through collaboration with Service Area Navigators, FSPs, residential providers, self-help groups, and other community providers.
<b>Institutes for Mental Disease (IMD) Step-Down</b>	IMD Step-down Facility programs are designed to provide supportive on-site mental health services at selected licensed Adult Residential Facilities (ARF), and, in some instances, assisted living, congregate housing or other independent living situations. The programs serve 50 to 100 individuals who are 18 years of age and over, the majority of whom are persons ready for discharge from IMDs. The programs also accommodate persons being discharged from acute psychiatric inpatient units or intensive residential facilities, or those who are at risk of being placed in these higher levels of care who are appropriate for this service.
<b>Family Support Services (FSS)</b>	This component of the Child FSP program provides funding for services and supports to parents and caregivers of Child FSP consumers. Clients served in FSS are required to be "significant support persons (typically family members)" of a Child-FSP enrollee. FSS clients do not meet medical necessity to receive their own service through Medi-Cal or are uninsured and do not meet target population to receive services elsewhere.
<b>Outreach and Engagement</b>	Outreach and Engagement funds are used to outreach to underrepresented groups in the community. This includes outreach to specialized populations i.e. homeless, ethnic populations, etc.
<b>PEI Early Start – School</b>	Mental Health partners with schools and law enforcement to implement this state-wide initiative for

**ATTACHMENT - 1**

<b>Violence Initiative</b>	<b>Prevention</b>	addressing violence in schools and universities; includes a combination of awareness training, assessment, interventions, case management and monitoring.
<b>PEI Suicide Prevention</b>		Provides information, education, and training on suicide prevention
<b>PEI Child</b>		Targets individuals and families by providing Evidence-Based Practices (EBP) specifically developed to address issues such as trauma, high-risk behaviors, depression, etc. Interventions are designed be limited in scope and duration. Preventions and early interventions are not intended for individuals with chronic or intensive mental health services needs.
<b>PEI TAY</b>		Targets individuals and families by providing Evidence-Based Practices (EBP) specifically developed to address issues such as trauma, high-risk behaviors, depression, etc. Interventions are designed be limited in scope and duration. Preventions and early interventions are not intended for individuals with chronic or intensive mental health services needs.
<b>PEI Trauma Services</b>	<b>Recovery</b>	Targets all age groups by providing EBP focused primarily on trauma resolution. Clients are seen for brief duration using such models as Crisis Oriented Recovery Services (Benjamin Rush Model)

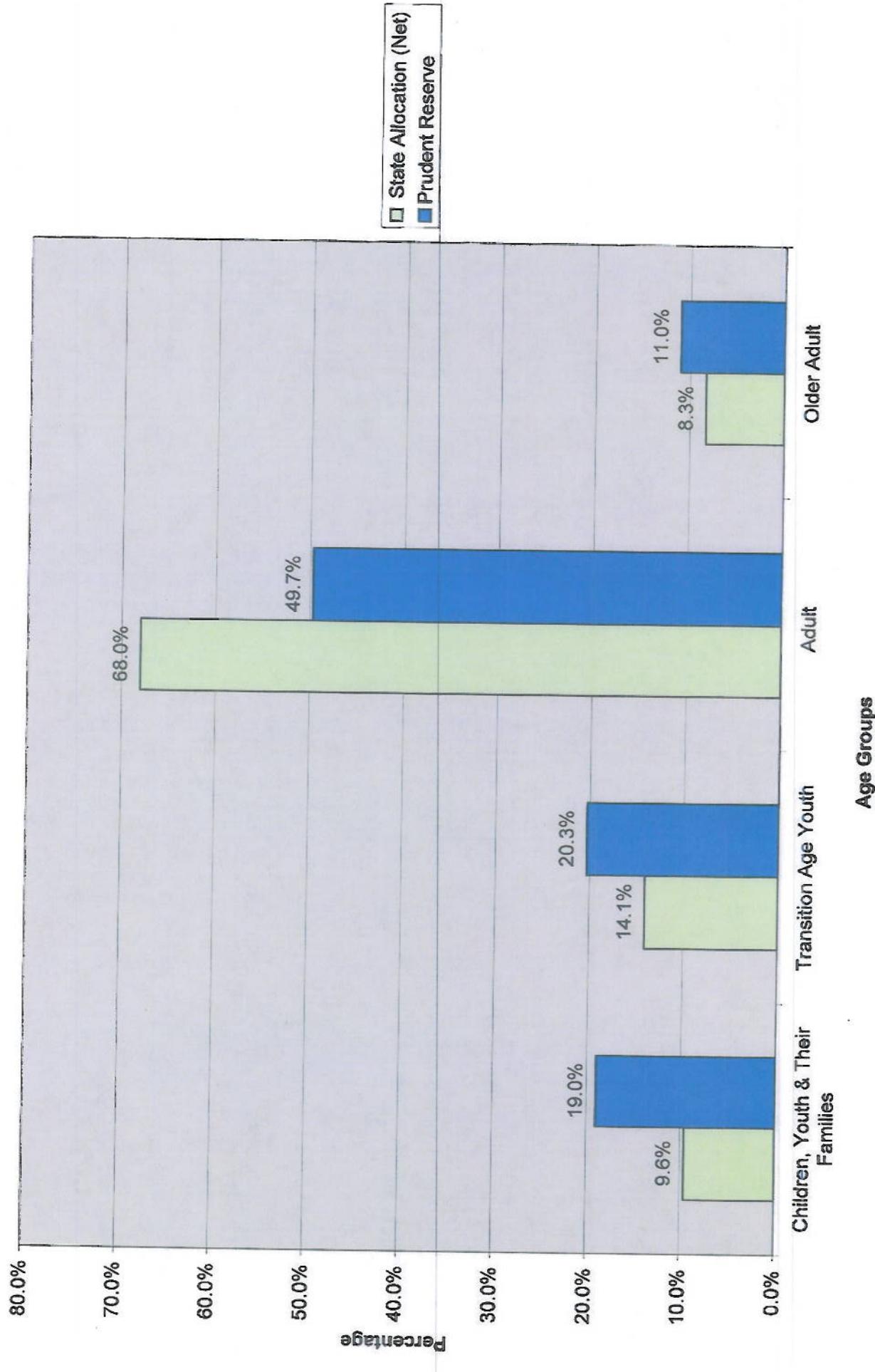
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## MHSA Housing Program Target Population



Attachment 3

County of Los Angeles-Department of Los Angeles  
Mental Health Services Act-Community Services Supports (CSS) Plan  
State Allocation vs. Prudent Reserve (Net MHSAs)



County of Los Angeles-Department of Mental Health  
Mental Health Services Act-Prevention Early Intervention (PEI) Plan  
State Allocation vs. Prudent Reserve (Net MHSAs)

